This is an official CDC Health Advisory

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Possible anthrax exposure in Department of Defense Mail Facility

Samples taken from a mail facility at the Pentagon at a Remote Delivery Facility (RDF) on March 10 tested positive for *Bacillus anthracis*. The Department of Defense (DOD) briefed all personnel who may have had contact with the mail at the Pentagon RDF. These employees are being provided with antibiotics as a prophylactic measure. Based on the route of mail reaching the Pentagon, CDC has made the following public health recommendations for USPS postal workers at the V Street Postal Facility in Washington DC where the DOD mail was processed prior to being sent to the Pentagon:

- 1) Active medical follow-up should be initiated; that is, interviews with possibly affected workers for evidence of symptoms and review of sick leave records.
- 2) Although risk is considered low, based on an abundance of caution a course of prophylactic antibiotics (doxycycline or ciprofloxacin; both are equally effective) is recommended until tests determining possible exposure to *B. anthracis* at the V Street facility can be conducted.

CDC has also recommended DOD follow up immediately with other non-USPS commercial mail carriers that deliver to the DOD facility to share the information on:

- 1) Positive alarm signals
- 2) Recommendations for USPS workers, so that those carriers can take steps as needed to follow up with their employees.

Extensive environmental sampling will be conducted in the Pentagon's RDF and the V Street Postal Facility to determine the extent of anthrax contamination.

Clinicians and public health agencies are encouraged to heighten their surveillance for typical symptoms and exposure history for *B. anthracis*. Clinicians should report suspected or confirmed anthrax cases immediately to your local or state department of health.

Anthrax causes and transmission

Anthrax is caused by exposure to *B. anthracis* an encapsulated, aerobic, gram-positive, spore-forming, rod-shaped bacterium. Depending on the route of infection, human anthrax can occur in three clinical forms: cutaneous, inhalational, and gastrointestinal. Direct skin contact with contaminated animal products can result in cutaneous anthrax. Inhalation of aerosolized spores, such as through industrial processing of contaminated wool, hair, or hides, can result in inhalational anthrax. Hemorrhagic meningitis can result from hematogenous spread of the organism following any form of the disease.

The incubation period for anthrax is generally <2 weeks. However, due to spore dormancy and slow clearance from the lungs, the incubation period for inhalational anthrax may

be prolonged. This phenomenon of delayed onset of disease is not recognized to occur with cutaneous or gastrointestinal exposures.

Skin/cutaneous anthrax

Skin or cutaneous anthrax is the most common type of naturally-acquired infection. Infection begins as a pruritic papule or vesicle that enlarges and erodes (1-2 days) leaving a necrotic ulcer with subsequent formation of a central black eschar (Images at

http://www.bt.cdc.gov/Agent/cutaneous.asp]). The lesion is usually painless with surrounding edema, hyperemia, and regional lymphadenopathy. Patients may have associated fever, malaise and headache. Historically, the case-fatality rate for cutaneous anthrax has been <1% with antibiotic treatment and 20% without antibiotic treatment. There are rare case reports of personto-person transmission of cutaneous disease.</p>

See http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5042a1.htm#tab2 for specific treatment of cutaneous anthrax.

Inhalational anthrax

Inhalational anthrax is rare but is the most lethal form of the disease. Disease may initially involve a prodrome of fever, chills, nonproductive cough, chest pain, headache, myalgias, and malaise. However, more distinctive clinical hallmarks include hemorrhagic mediastinal lymphadenitis, hemorrhagic pleural effusions, bacteremia and toxemia resulting in severe dyspnea, hypoxia and septic shock. Widened mediastinum is the classic finding on imaging of the chest, but may initially be subtle (Images at http://www.bt.cdc.gov/Agent/inhalational.asp and in the appendices). Case-fatality rates for inhalational anthrax are high, even with appropriate antibiotics, and supportive care. Following the bioterrorist attack in fall 2001, the case-fatality rate among patients with inhalational disease was 45% (5/11). Person-to person spread of inhalational anthrax has not been documented.

- For case definitions, treatment guidelines, laboratory testing procedures, etc, see Anthrax Information for Health Care Providers http://www.bt.cdc.gov/agent/anthrax/anthrax-hcp-factsheet.asp
- For information on mail handler protection related to anthrax, see http://www.bt.cdc.gov/agent/anthrax/mail/index.asp

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of anthrax or possible anthrax cases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2004 List of Reportable Conditions available at: http://www.scdhec.net/hs/diseasecont/disease.htm.

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

District Public Health Offices

Mail or call reports to the District Epidemiology/Disease Reports office in each district.

Appalachia I

(Anderson, Oconee) 220 McGee Road

Anderson, SC 29625 Phone: (864) 231-1966 Fax: (864) 260-5623

Nights / Weekends: 1-(866)-298-4442

Appalachia II

(Greenville, Pickens) PO Box 2507

200 University Ridge Greenville, SC 29602-2507 Phone: (864) 282-4139 Fax: (864) 282-4373

Nights / Weekends: (864) 460-5355 or 1-800-993-1186

Appalachia III

(Cherokee, Spartanburg, Union)

PO Box 4217 151 E. Wood Street Spartanburg, SC 29305-4217 Phone: (864) 596-2227 ext. 210

Fax: (864) 596-3443

Nights / Weekends: (864) 809-3825

Catawba

(Chester, Lancaster, York)

PO Box 817

1833 Pageland Highway Lancaster, SC 29721 Phone: (803) 283-3175 Fax: (803) 283-0572

Nights / Weekends: 1-(866)-867-3886 or

1-(888)-739-0748

Edisto Savannah (Aiken, Allendale, Barnwell)

1680 Richland Avenue, W. Suite 40

Aiken, SC 29801 Phone: (803) 642-1618 Fax: (803) 642-1619

Nights / Weekends: (803) 827-8668 or

1-800-614-1519

Edisto Savannah

(Bamberg, Calhoun, Orangeburg)

PO Box 1126 1550 Carolina Avenue Orangeburg, SC 29116 Phone: (803) 533-7199 Fax: (803) 536-9118

Nights / Weekends: (803) 954-8513

Low Country

(Beaufort, Colleton, Hampton, Jasper)

1407 King Street Beaufort, SC 29902 Phone: (843) 525-7603 Fax: (843) 525-7621

Nights / Weekends: 1-800-614-4698

Palmetto

(Fairfield, Lexington, Newberry, Richland)

2000 Hampton Street Columbia, SC 29204 Phone: (803) 576-2749 Fax: (803) 576-2993

Nights / Weekends: (803) 304-4252

Pee Dee

(Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion)

145 E. Cheves Street

Florence, SC 29506 Phone: (843) 661-4830 Fax: (843) 661-4859

Nights / Weekends: (843) 660-8145

(Berkeley, Charleston, Dorchester)

4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Phone: (843) 746-3832 Fax: (843) 746-3851

Nights / Weekends: (843) 219-8470

Upper Savannah

(Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda)

PO Box 3227 1736 S. Main Street Greenwood, SC 29646 Phone: 1-888-218-5475 Fax: (864) 942-3690

Nights / Weekends: 1-800-420-1915

Waccamaw

(Georgetown, Horry, Williamsburg)

2830 Oak Street Conway, SC 29526-4560 Phone: (843) 365-3126 Fax: (843) 365-3153

Nights / Weekends: (843) 381-6710

Wateree

(Clarendon, Kershaw, Lee, Sumter)

PO Box 1628

105 North Magnolia Street Sumter, SC 29150 Phone: (803) 773-5511 Fax: (803) 773-6366

Nights / Weekends: 1-(877)-831-4647

Bureau of Disease Control

Acute Disease Epidemiology Division 1751 Calhoun Street

Box 101106 Columbia, SC

Phone: (803) 898-0861 Fax: (803) 898-0897

Nights / Weekends: 1-888-847-0902

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action. Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.